



## Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/577,487	<b>FILING DATE</b> 05/25/2000  <b>RULE</b> —	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2721	<b>ATTORNEY DOCKET NO.</b> 3351-042					
<b>APPLICANTS</b> Thomas S. Heath, Syracuse, NY ;									
<b>** CONTINUING DATA *****</b> <div style="text-align: center;">a1</div>									
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;">a1</div>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px; vertical-align: top;">           Foreign Priority claimed    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    <input type="checkbox"/> Met after            Verified and Acknowledged  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">               Allowance                  Examiner's Signature             </div> <div style="text-align: center;">               a1                Initials             </div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: top;"> <b>STATE OR COUNTRY</b>            NY         </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: top;"> <b>SHEETS DRAWING</b>            11         </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: top;"> <b>TOTAL CLAIMS</b>            15         </td> <td style="width: 10%; padding: 5px; text-align: center; vertical-align: top;"> <b>INDEPENDENT CLAIMS</b>            4         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">               Allowance                  Examiner's Signature             </div> <div style="text-align: center;">               a1                Initials             </div> </div>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 4
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<b>ADDRESS</b>  Lowe Hauptman Gopstein Gillman & Berner LLP c/o Kenneth M Berner Suite 310 1700 Diagonal Road Alexandria ,VA 22314									
<b>TITLE</b>  Video mosaic									
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> All Fees</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit	
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